



COUNTY OF SAN BERNARDINO  
STANDARD PRACTICE

No 3-1 14

Issue 07/2003

Page 1 of 2

By Natalie Davis-Gunn

Effective 07/1994

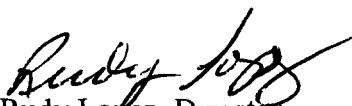
DEPARTMENT

BEHAVIORAL HEALTH

SUBJECT

Position Transfers & Tracking Protocol

APPROVED

  
Rudy Lopez, Director

**I. Purpose**

To establish uniform procedures for transferring and tracking department positions. The locations (4 digit budget cost centers) of positions are to correspond to the 5 digit pay center information in the San Bernardino County EMACS system.

**II. Policy**

Position tracking will be a joint responsibility of the program managers, the payroll division and the fiscal services division. All position changes (transfers) are to follow the established protocol. See Attached Protocol Flow Chart.

**III. Procedure**

On a monthly basis the fiscal division will send the program managers the current list of positions. The managers will verify the listing and take corrective action as needed.

NOTE – This protocol is to be used for Program Manager or Supervisory initiated transfers as well as the monthly updates initiated by the fiscal services division.

**STEP 1** – Program Manager is to complete the Intra-Department Transfer (IDT) Form per the steps detailed below and forward it to the Directors' Secretary for review and distribution.

- A. Use the attached Intra-Department Transfer (IDT) Form, Attachment B.
- B. Indicate the current Employee Number, Employee Name, Position Number, and Classification of the position and Pay Center.
- C. Indicate the new Position Number, Classification of the position and Pay Center.
- D. Indicate the effective date, which will normally be the beginning of the next pay period.
- E. The form must be signed by the current Program Manager and accepting Program Manager.
- F. The form must be signed by the appropriate Deputy Directors.
- G. All position transfers are to be implemented at the beginning of a pay period.
- H. After completion, the position transfer form is to be forwarded to the Executive Secretary, DBH Building 6.

**STEP 2** – The Directors' Secretary will verify that all paperwork is accurately completed for the transfer and forward the documents to the Payroll Unit.

**IV. Payroll Division**

Payroll staff will prepare the EMAC Position Data Change (PDC) form. The completed form will be sent to EMAC with a copy to Fiscal Services division.

**V. Fiscal Services Division**

**STEP 1** – Fiscal Services staff compares the IDT Form against the PDC form.

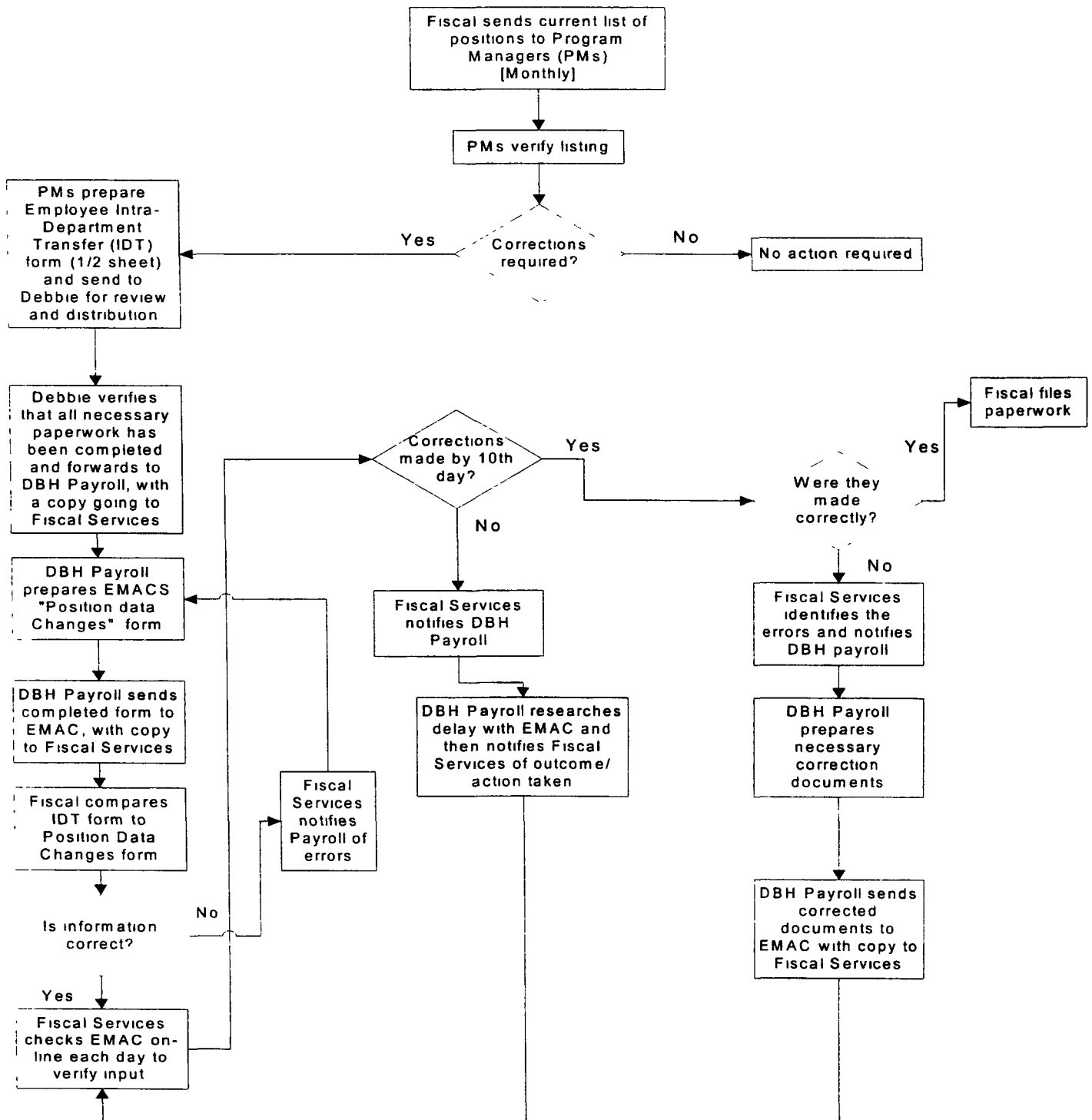
- If the information is incorrect the form is returned to the payroll division for correction.
- If the information is correct fiscal staff proceeds to STEP 2.

**STEP 2** – Within 14 days fiscal check will check on-line EMAC's to confirm update has occurred.

- If the update has not occurred fiscal services will notify payroll division who will research the status and take appropriate action.
- If the update has been made, but is not correct, Fiscal Services will identify the errors and notify payroll who will submit a corrected PDC with a copy to Fiscal Services.
- If the update has taken place, and all information is correct, Fiscal Services will file the appropriate paperwork.

# DBH POSITION TRACKING SYSTEM

Monday, May 12, 2003



**Department of Behavioral Health Intra-Department Transfer (IDT) Form**

Instructions: Submit the completed half- sheet original to Debbie Musgrave, Executive Secretary III, Bldg. # 6. Retain a copy for your records. If the position being transferred to is unbudgeted, a budget transfer form (see SPM 6-1.10) must also be made. Use the last four digits of the pay center organization code for the Pay Center number.

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date      Employee No. \_\_\_\_      Employee Name \_\_\_\_\_

**Has been transferred from:**

Position # \_\_\_\_ In Pay Center # \_\_\_\_ Dept \_\_\_\_ Position Classification \_\_\_\_\_

Acknowledged By \_\_\_\_\_

\_\_\_\_ Sending Program Manager      Date \_\_\_\_\_      Sending Deputy Director      Date \_\_\_\_\_

**And is Being Transferred To:**

Position # \_\_\_\_ In Pay Center # \_\_\_\_ Dept \_\_\_\_ Position Classification \_\_\_\_\_

Effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

Acknowledged By \_\_\_\_\_

\_\_\_\_ Receiving Program Manager      Date \_\_\_\_\_      Receiving Deputy Director      Date \_\_\_\_\_

Cut along dotted line

**Department of Behavioral Health Intra-Department Transfer (IDT) Form**

Instructions: Submit the completed half- sheet original to Debbie Musgrave, Executive Secretary III, Bldg. # 6. Retain a copy for your records. If the position being transferred to is unbudgeted, a budget transfer form (see SPM 6-1.10) must also be made. Use the last four digits of the pay center organization code for the Pay Center number.

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date      Employee No. \_\_\_\_      Employee Name \_\_\_\_\_

**Has been transferred from:**

Position # \_\_\_\_ In Pay Center # \_\_\_\_ Dept \_\_\_\_ Position Classification \_\_\_\_\_

Acknowledged By \_\_\_\_\_

\_\_\_\_ Sending Program Manager      Date \_\_\_\_\_      Sending Deputy Director      Date \_\_\_\_\_

**And is Being Transferred To:**

Position # \_\_\_\_ In Pay Center # \_\_\_\_ Dept \_\_\_\_ Position Classification \_\_\_\_\_

Effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

Acknowledged By \_\_\_\_\_

\_\_\_\_ Receiving Program Manager      Date \_\_\_\_\_      Receiving Deputy Director      Date \_\_\_\_\_